



Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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HIV Incidence Projects

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Incidence Questionnaire (Self administered)

Thank you for filling out this form. Remember that all the answers you give will be kept private. First are a few questions about your past HIV tests.

1. Today's date ____/____/____ (month/day/year)

Staff use only

2. ____/____/____ Ref test date

3. When was the first time you ever tested positive for HIV? We would like to know the month and year that the blood was drawn for your first positive HIV test. We will refer to this test date throughout this questionnaire.

____/____ (month/year)

4. When you first tested positive for HIV (on the date in question 3) was it anonymous? This means you did not use your name to get tested (check one box).

☐ No

☐ Yes

☐ Don't know

5. What was the name of the place where you got your first positive HIV test (on the date in question 3)? For example, this could be the name of a community health clinic, blood bank, doctor's office, STD clinic, etc.

Site name: _____

Staff use only

____ Site type code

State: _____

6. Why did you get the HIV test on the date in question 3? Did you get that test: (please check yes or no for each)

[1] Because you were concerned that you might have been exposed to HIV in the 6 months before (the date in question 3)?

☐ No

☐ Yes

[2] Because you get tested routinely, and it was time for you to get tested again?

☐ No

☐ Yes

[3] Because you were just checking to make sure you were HIV negative?

☐ No

☐ Yes

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Gregory J. Nickels, Mayor



King County

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[4] Because it was required by either insurance, the military, a court order, or for some other required reason?

☐₀ No ☐₁ Yes

[5] Because there was some other reason you wanted to get tested?
If so, what is the reason?

☐₀ No ☐₁ Yes

7. When was the very first time you ever got tested for HIV? Please estimate if unsure.

___ ___ / ___ ___ ___ ___ (month/year)

8. Have you ever had an HIV test that was negative?

☐₀ No (go to question 9)

☐₁ Yes (go to question 8a)

☐₉ Don't know (go to question 9)

8a. Before your first positive HIV test (as in question 3), when did you last test negative for HIV?

___ ___ / ___ ___ ___ ___ (month/year)

8b. What was the name of the place where you had your last negative HIV test? For example, this could be the name of a community health clinic, blood bank, doctor's office, STD clinic, etc.

Site name: _____

State: _____

Staff use only

_____ Site type code

9. In the two years before your first positive test (on the date in question 3), how many times did you get tested, including that first positive test?

___ ___ time(s)

The last questions are about antiretroviral HIV medicines. Sometimes one or more of these is used to try to prevent HIV infection. This is called post-exposure prophylaxis, or PEP. Some of these medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART or the AIDS cocktail. PLEASE LOOK AT THE PICTURES OF ANTI-RETROVIRAL MEDICINES ON THE LAST PAGE.

10. In the six months before your first positive HIV test (on the date in question 3), had you ever taken any antiretroviral medicines?

☐₀ No (you are finished completing this questionnaire)

☐₁ Yes (go to question 10a)

☐₉ Don't know (*you are finished completing this questionnaire*)

10a. Which ones did you take? Please list them. (If you are not sure of time period, please include medicines you COULD you have taken in the past six months)

_____	_____
_____	_____

10b. In the 6 months before your first positive HIV test, (starting 6 months before the date in question 3), what was the first day on which you took any of the medicines shown in the pictures? Please estimate if you are unsure.

___/___/___ (month/day/year)

10c. Are you now taking any of the medicines shown in the pictures?

☐₀ No (*go to question 10d*)

☐₁ Yes (*you are finished completing this questionnaire*)

☐₉ Don't know (*you are finished completing this questionnaire*)

10d. When was the last day you took any of the medicines shown in the pictures? Please estimate if you are unsure.

___/___/___ (month/day/year)

Thank you for your time today. Your answers will help us better understand HIV testing.
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